



## **Division Guideline #25**

**Date:** August 1, 2012  
**Reviewed:** April 2, 2014

**Title:** Assistive Technology Guidelines and Referral Form

**Application:** Community Providers, TCM Providers, Support Coordinators, and Utilization Review Committees

### **I. Purpose**

- To assist the individual and planning team to identify assistive technology resources to facilitate the individual's access and participation in his/her home and community; and
- To assist the support coordinator in completing the referral form for assistive technology for individuals served by Division of DD.

### **II. Assistive Technology Defined**

Missouri statute RSMo 191.850 defines assistive technology device and service. These are the same definitions as used in federal statute.

- "Assistive technology device", any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve functional capabilities of individuals with disabilities;
- "Assistive technology service", any service that directly assists an individual with a disability in the selection, acquisition or use of an assistive technology device.
- Such terms include:
  - The evaluation of the needs of an individual with a disability, including a functional evaluation of the individual in the individual's customary environment;
  - Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices by individuals with disabilities;
  - Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices;

- Coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for an individual with disabilities, or, where appropriate, the family of an individual with disabilities; and
- Training or technical assistance for professionals, including individuals providing education and rehabilitation services, employers, or other individuals who provide services to, who employ, or who are otherwise substantially involved in the major life functions of individuals with disabilities.

### **III. Considerations/Justifications for Assistive Technology**

The following questions may help when considering referral for assistive technology:

- Can assistive technology help maintain the individual in his/her home and community or allow him/her to return home?
- Can assistive technology help the individual to perform a function where no other effective means is available?
- Can assistive technology increase endurance or the ability of the individual persevere and complete tasks?
- Might assistive technology reduce or prevent additional Medicaid costs such as reducing or maintaining personal care hours or home health costs?

The Support Coordinator must justify in the support plan the individual's need and desire for the AT device and any of the above-mentioned considerations apply.

Assistive technology device and/or service will subsequently be referred to as "AT device" in this guide.

### **IV. Possible Assistive Technology Funding Sources**

There are multiple excellent assistive technology (AT) funding resources available to Missourians with developmental disabilities served by the Missouri Division of Developmental Disabilities. Below are descriptions and contact information of the more common AT resources.

It is indicated in the Division of DD waivers that specialized items and services (e.g., AT) to help the individual meet his or her needs, shall be accessed and utilized in accordance with the requirement that state plan services must be exhausted before waiver services can be provided. DD waiver services shall be provided above and beyond any state plan services, including EPSDT that can meet the individual's AT needs. Further, DD waiver services shall not duplicate services otherwise available through state plan. Further, State Code of Regulation 9 CSR 45-2.017 Utilization Review Process includes language : 13) (B) Applicable Medicaid State Plan services shall be accessed first when the individual is Medicaid eligible and the services will meet the individual's needs.

State plan information is contained below in the AT resources.

## **Is the AT Related to Healthcare?**

### **MO HealthNet State Plan Services**

AT that is covered as medically necessary Durable Medical Equipment.

Examples of services covered for both children and adults: prosthetics, orthotics, respiratory care equipment, wheelchairs, hospital beds, augmentative communication devices, hydraulic patient lifts, etc. Hearing aids are only covered for children under age 21 through state plan.

Code of State Regulation for the MO HealthNet Durable Medical Equipment Program:

<http://www.sos.mo.gov/adrules/csr/current/13csr/13c70-60.pdf>

More Information: Missouri HealthNet DME Provider Manual: DME Benefits and Limitations:

[http://manuals.momed.com/collections/collection\\_dme/Durable\\_Medical\\_Equipment\\_Section13.pdf](http://manuals.momed.com/collections/collection_dme/Durable_Medical_Equipment_Section13.pdf)

Link to DME Pre-Certification:

<http://www.dss.mo.gov/mhd/cs/dmeprecert/pages/dmeprecert.htm>

## **Is the AT related to Education?**

### **Elementary and Secondary Education**

#### **IDEA – Part C (First Steps)**

AT that can help a child with a disability, birth to age 3, who has delayed development or diagnosed conditions that are associated with developmental disabilities. The program retains ownership of the device unless it is customized.

Examples: orthotics, prosthetics, therapeutic strollers, other mobility devices; vision and hearing aids; communication devices, adapted toys, switches, etc.

More information: DESE webpage on Part C Assistive Technology:

<http://dese.mo.gov/se/fs/documents/ATtechassistdoc052810.pdf>

#### **IDEA – Part B (Elementary and Secondary Education)**

AT that is needed in order for a child with a disability to receive a free appropriate public education. The school retains ownership of the device.

Examples: adaptive computer hardware and software, assistive listening systems, augmentative communication devices, magnification devices for reading, etc.

## **Is the AT Related to Employment?**

### **MO Division of Vocational Rehabilitation**

AT that can help an eligible individual with a disability secure or keep a job.

Examples: hearing aids, vehicle access modifications, home access modifications, computers, adaptive computer equipment or software, prosthetics, orthotics, wheelchairs, walkers, braces, worksite related AT.

More Information: Missouri Vocational Rehabilitation Client Services Guide:

<http://dese.mo.gov/vr/toc.htm>

### **Rehabilitation Services for the Blind (DSS)**

AT that can help an individual with a visual disability secure or keep a job.

Examples: hearing aids, vehicle access modifications, home access modifications, computers, adaptive computer equipment or software, prosthetics, orthotics, wheelchairs, walkers, braces, worksite related AT.

More information: MO RSB Policy and Procedures Manual:

<http://dss.mo.gov/fsd/rsb/manual/vrman/toc.htm>

## **Is the AT related to Telecommunications Access?**

### **Telecommunication Access Program (TAP) for Telephone (MoAT)**

AT that is needed by individuals who have problems using traditional telephone equipment because of their disability.

Examples: amplified phones, captioned phones, picture phones, etc.

More Information: MoAT TAP Website: <http://www.at.mo.gov/tap.html>

### **Telecommunication Access Program (TAP) for Internet (MoAT)**

AT that is needed for individuals who have problems using traditional computer equipment to access the Internet or e-mail because of their disability.

Examples: screen reading software, adaptive keyboards, adaptive mice, voice recognition software, etc.

More Information: MoAT Website: <http://www.at.mo.gov/tap.html>

## **MO Division of DD Waiver AT Services:**

### **Participating Waivers include: Comprehensive, Support, MOCDD, Autism and Partnership for Hope.**

This service includes Personal Emergency Response Systems (PERS), Medication Reminder Systems (MRS), and other electronic technology that protects the health and welfare of the participant. This service may also include electronic surveillance/monitoring systems using video, web-cameras, or other technology.

Examples: PERS, MRS, and other electronic technology that protects the health and welfare of an individual.

More Information: <http://dmh.mo.gov/docs/dd/waivermanual.pdf>

## **MO HealthNet Exceptions Process:**

AT that is not covered by MO HealthNet may be covered under certain conditions of medical need. The item must be needed to sustain the participant's life, improve the quality of life for the terminally ill, replace an item or service due to an act occasioned by violence of nature without human interference, such as tornado or flood; or be needed to prevent a higher level of care.

More Information: MO Department of Social Services Website:

Exceptions Process Home Page: <http://www.dss.mo.gov/mhd/cs/except/>

## **V. Assistive Technology Assessments**

### **A. Assessments Defined**

Assessments involve measures or strategies that can include but are not limited to evaluations, device demonstrations, previous device use, and/or trial periods.

### **B. Purpose:**

- To assist the individual to make informed choices about the most appropriate AT devices to meet his/her need(s); and
- To provide important information for authorized review entities, e.g., Utilization Review Committee as they consider AT referrals for approval.

### **C. Qualifications of individuals who or entities that will conduct assessments**

State plan and other resources have formal provider qualification requirements for assessments that justify the need for assistive technology offered through that entity.

For Division of DD AT referrals, assessments may be utilized to determine appropriateness of AT device for the individual. The need for and scope of the assessment and whether a licensed professional or other qualified entity to conduct the assessment is warranted will vary on a case-by-case basis. This will depend on such factors as the type of AT device that is being recommended and the individual's capabilities and support needs to effectively use the device. A physician's prescription is not a requirement for the assessment where clearly the request is not directly medical in nature. Except for those AT devices that require a physician's prescription and/or assessment by a licensed professional or other qualified entity, it is at the discretion of the individual and his or her planning team to determine:

- Whether qualified entities need to provide the assessment justifying the need for the device, and/or
- Whether other non-licensed sources may provide the justification for the device for all other requests.

If a particular AT device requires an assessment through a qualified specialist, whether it be a licensed entity or otherwise, the assessment must accompany the referral. Because there are no nationally recognized credentialing bodies for AT Specialists and because AT Specialists' type and amount of training on a given AT device may vary widely, the qualified specialist needs to have documented qualifications as applicable to the AT device being recommended.

Qualified AT Specialists are defined as individuals with expertise on the type of assistive technology and related alternatives being requested and implemented. AT specialists conducting assessments for a particular AT device must provide evidence of knowledge and expertise associated with the AT device, including applicable education, training, and experience.

It is the responsibility of the individual planning team and UR Committee to verify that the AT Specialist possesses the competency to assess for the AT device.

Other qualified providers for AT devices may include vendors authorized to consult, install, and monitor personal emergency response systems, medication reminder systems, and other electronic devices that serve to enhance one's independence within his/her home and community and protects his/her health and safety.

When an AT device assessment is indicated for AT device purchases utilizing Division of DD funding, the assessment shall be completed by a qualified person or entity who has no affiliation with the provider chosen by the individual to provide the AT device. AT assessments may be authorized under various services in the DD waiver, to include but not be limited to Assistive Technology, Specialized Medical Equipment and Supplies, Environmental Accessibility Adaptations, Occupational Therapy, Physical Therapy, Speech Therapy, Behavior Analysis Service, Counseling, and Dental.

Example:

Sally and her planning team in XYZ County want to consider a personal emergency response system to assist Sally in her home. The team is aware of two individuals who can document their qualifications to conduct a thorough assessment as to how this system can increase Sally's functional independence. Both persons have a minimum of two years experience with available

products and implementation. Neither person is credentialed as Occupational or Physical Therapists. The planning team may choose either individual to assist with device determination.

#### **D. Assessment Content**

AT device assessments can consist of a formal evaluation, a device demonstration, a device trial, and/or other means of deciding whether an AT device is appropriate to meet an individual's functional needs.

Areas to consider during an assessment can include, but are not limited to:

- Description of the individual's current abilities/needs that justify the AT device;
- Description of the level of motivation/desire of the individual/family/caregivers to use the AT device;
- Review of device(s) considered – (e.g., advantages/disadvantages, features, item specifications, any accessories or modifications needed; ease of use, reliability, compatibility with other technologies; maintenance requirements, etc.);
- Description of when and under what conditions AT device could be used, based on present and future need and whether it could be used in a variety of settings;
- Any technical support already addressed above (e.g., whether assistance will be needed for installation or setup);
- Explanations of alternative devices considered and why alternatives could not meet or most effectively meet the individual's need or under what circumstances alternatives might meet the need;
- Other resources considered such as equipment loan programs, low tech devices, less intrusive options, or similar, less costly devices.

Assessment documentation shall be provided to the individual and service coordinator to accompany the UR Committee review materials including referral form.

#### **VI. Examples of Assistive Technology Devices that May be Covered through Division of DD**

**Note: Items must relate to the individual's disability.**

- Hearing aids for adults
- Personal Emergency Response System
- Medication Reminder System
- Remote Monitoring
- Global Positioning System (GPS)
- Assistive technology that is specifically designed for communication but is not covered under state plan
- Adaptations to computers if it is determined to be the most appropriate solution to meet the identified AT need
- Applicable computer software to meet the identified AT needs (e.g., text to speech software)

- Hand-held computer devices:
  - Describe how the device will support the individual’s identified functional limitation(s). Device benefits include but are not limited to helping the individual to better control his or her own environment and protect health and safety;
    - Include an explanation of any computer software for the device that supports the unique needs of the individual.
  - As per AT Guidelines, documentation verifying all other funding and other device resources have been pursued as applicable prior to requests for funding through the waiver;
  - One-time device purchase per individual based on identified need;
  - Device warranties will be considered on a case-by-case basis;
  - Devices shall become the individual’s property;
  - The Division of DD is under no obligation to replace or repair devices;
  - Internet access shall not be included unless required to ensure the individual’s health and safety. Request for funding internet access shall be approved by the Regional Director.
- Adaptive recreational equipment such as bicycles, sleds, swings

Items covered are understood to be necessary and consistent with general expected standards of care/support, i.e., not experimental or investigational.

## **VII. Items that are Not Covered through Division of DD**

### **This includes but is not limited to:**

- AT devices covered under state plan or other funding source (e.g., Vocational Rehabilitation, School System)
- AT devices solely for caregiver convenience will not be authorized
- Desk top and laptop personal computers
- Generic computer software not related to the individual’s functional abilities
- Bean bag chairs
- Items that add value to property
- Swimming pools
- Hot tubs
- Security Systems
- Generators
- Memberships to fitness clubs
- Generic physical fitness equipment (e.g., treadmill, exercise bike)
- Massage tables
- Generic children’s car seats
- Cell phone and minutes
- Gaming devices



## VIII. Remote Monitoring

Remote monitoring includes the use of video, web cameras, motion sensor devices, door alarms, and/or other technology that enables a person to be more independent and less reliant on staff to be physically present with him or her at all times, in particular for night time supports. This includes equipment utilized for two-way communication between the person receiving supports and the remote monitoring provider. A significant and necessary off-site monitoring component is the availability of back-up supports (natural supports and/or staff) for prompt response (within 20 minutes or less) as needed in the vicinity where the person resides.

As per Assistive Technology service definition in the DD waiver manual:

- Remote monitoring is available on an individual, case-by-case basis when an individual requests the service and the planning team agrees it is appropriate and meets the health and safety needs of the individual. Individuals in the waiver interested in remote monitoring technology must be assessed for risk following the Division's risk assessment guidelines posted at <http://dmh.mo.gov/docs/dd/riskguide.pdf> and must be provided information to ensure an informed choice about the use of remote monitoring equipment versus in-person support staff and all must be documented in the ISP.
- Remote monitoring technology may only be used with the full consent of the individual and his/her guardian and review by Human Rights Committee to ensure due process.
- The assistive technology to be utilized should be evidenced based, and shall not be experimental.
- The type of equipment and location of monitoring devices will depend upon the needs and wishes of the individual and his/her guardian (if applicable), and will also depend upon the particular company selected by the individual or guardian to provide the equipment.
- The installation of video monitoring equipment in the home will be done at the direction of the individual.
- If the home is shared with others, the equipment will be installed in such a manner that it does not invade others' privacy.
- The remote monitoring device is controlled by the waiver individual and can be turned on or off as needed.
- Any devices authorized under the Assistive Technology service shall not duplicate services otherwise available through state plan.
  - Costs under the Assistive Technology service are limited to \$3,000 per individual's ISP year. Exceptions are allowed to this annual spending limit with approval from the Regional Director or designee.

### **Required remote monitoring content in ISP**

Use the Division of DD AT Guideline to assist in decision making, especially sections on considerations/justification, and assessment content:

- Statement to justify rationale for remote monitoring, such as how it benefits person, assures health and safety, promotes independence, etc. Also, justify the need for any other service such as Personal Assistant Group for purposes of remote monitoring using video equipment (See Authorizations section below).
- Verification that the risk assessment was completed and reviewed by planning team to determine remote monitoring is sufficient to meet health and safety needs of individual.

Documentation of risk assessment shall be included in the file. Below is a link to the MO Division of Developmental Disabilities Risk Screening Guide.

<http://dmh.mo.gov/docs/dd/riskguide.pdf>

- Describe the remote monitoring equipment function and purpose, features, general location of equipment, individual and family knowledge of and how to use equipment, (e.g., turning on and off, how to set sensors at night, etc.).
- Detailed back up plan description in the event of system failure (e.g., equipment malfunction).
- There must be an emergency/back-up responder plan in the event the individual needs a person to respond to their residence. The emergency plan can include natural supports or paid supports. If a paid support responder is needed it may be funded through Community Specialist service or Personal Assistant service. If remote monitoring is occurring in the natural home the paid responder can be authorized through Personal Assistant or Community Specialist. Community Specialist can only be authorized for the paid support responder for individuals receiving residential habilitation service (e.g., ISL).
  - As per the planning team, a detailed plan for response at the individual's residence or other location covered by remote monitoring to include at a minimum description of:
    - Two-deep supports (natural supports and/or staff).
    - Response time as per requirements. In situations requiring a person to respond to the individual's residence, the response time should not exceed 20 minutes.
    - Response type includes face-to-face and/or telephone, depending on how to optimally respond to the individual's particular need at that time – and to assure health and safety.
    - In emergency situations, monitoring staff should call 911.
    - Documentation of the event.
- Times remote monitoring can be turned on and off by the individual in a given day.

### **CIMOR Authorizations**

- If using non-video sensory monitoring the service may be authorized under the assistive technology service for both equipment purchase/rental and monitoring.
- If monitoring involves video:
  - Equipment rental/purchase shall be through Assistive Technology service.
  - Personal Assistant group service may be authorized for staff that will be monitoring the screens at the remote monitoring site. Personal Assistant group service for remote monitoring in the home may be authorized only for persons who are not receiving a residential habilitation service (e.g., ISL).
- Community Specialist service or Personal Assistant service may be authorized to assist the individual if the individual is not utilizing natural supports for emergency response at the local level. If the individual receives residential habilitation (e.g., ISL) and remote monitoring is occurring in the home, the remote monitoring responder shall not be authorized through Personal Assistant service. It can be authorized through Community Specialist. An additional option for ISL setting may be the remote monitoring response through direct service hours.
- The ISP shall describe and justify the purpose of these aforementioned services.

## **Staff to Individuals Served Ratios**

Indicate ratio of a staff person who will be directly monitoring the individual via monitoring equipment, to individuals served for all times in the day (e.g., ratio of 1:4 from 8 a.m. to 5 p.m.). If Personal Assistant, Group is authorized for staff to provide video remote monitoring, and the staff to individuals' ratios exceeds 1:6, in addition to the justification documented to ensure the health and safety of the individual, the documentation must show permission was granted by the Regional Director or designee. Note: The only activity associated with Personal Assistant, Group service that can exceed the 1:6 staffing ratio is when it applies to remote monitoring.

- With the exception of the hours 8 p.m. to 8 a.m., ratios for purposes of remote monitoring shall not exceed one staff to up to six persons monitored. This includes individuals served by Division of DD or other funders.
- For hours ranging from 8 p.m. to 8 a.m., staff ratios for purposes of remote monitoring shall not be more than 1:15. This includes individuals served by Division of DD or other funders.
- Indicate if and describe how persons other than those served by Division DD will be monitored by the staff, if applicable.

## **Remote Monitoring Provider Requirements**

There shall be a written agreement as to provider roles and responsibilities with remote monitoring. The agreement includes at a minimum:

- The mainframe is housed at the provider's service location.
- Monitoring system design requirements - Equipment and connections meet requirements in the Assistive Technology service definition.
- Video monitoring requires a high speed internet connection be installed in the individual's home. Support coordinators are encouraged to check into TAP for Internet, a service through Missouri Assistive Technology, before requesting that internet service be funded through the DD waiver.
- Monitoring base staff shall have no other duties other than general supervision and protective oversight for individuals they are authorized and assigned to monitor at remote locations.
- Remote monitoring occurs in real time by awake staff.
- Immediate availability of additional staff qualified to conduct remote monitoring to serve as a backup should the primary staff need assistance (e.g., concurrent multiple emergencies with persons monitored).
- Provider service documentation:
  - Tied specifically to the service as outlined in the ISP.
  - Daily notes to verify service provision.
  - Start and stop times
  - Indicate if the monitoring was uneventful, e.g., "no response needed".
  - If, for example, a sensor alerts the monitoring staff, describe the occurrence that activated the sensor, when it happened, who was involved, response, and outcome.
    - With visual monitoring – anything detected should be reported and initialed/signed by staff.
    - For monthly flat rates with sensory monitoring only--provide monthly summary even if nothing happened; indicate by breakdown of days of "no response needed".
  - Describe any communication between staff and individual.

- Signatures of all staff involved in monitoring over the course of time.
  - Staff initials for the time segments each was directly involved in monitoring during that time frame, if applicable.
- Staff attendance logs.
- Provider monthly summary.
- Complete any incident reports as applicable.

## **IX. Instructions for Completing the MO Division of Developmental Disabilities Assistive Technology Referral Form**

Division of DD targeted case management providers shall submit this form along with all applicable documentation to support the referral, e.g., assessment reports to the review entities including Utilization Review Committees in order to assist in their reviewing AT services referrals for approval.

### Instructions for Completing the Referral Form

Complete the top section of the form.

AT Device justification (Questions 1-10 below). Please refer to the assessment reports and other documentation collected to assist in completing responses to the questions on the referral form.

1. List the AT device being requested.
2. Circle all individuals that apply to initiating the need for the AT.
3. How will the AT device meet the individual's unique needs and help achieve desired functional outcomes in the support plan, including how the AT device:
  - a. Increases independence such as developing or maintaining personal, physical, social, or work related skills;
  - b. Increases community inclusion;
  - c. Improves health and safety;
  - d. Reduces the risk of injury to the individual and/or his or her caregiver(s);
  - e. Decreases need for paid supports.
4. Provide a description as to how the AT device has been determined to be appropriate for the individual.
  - a. Is this an AT device the individual desires to utilize?
  - b. Does the individual agree the AT will be of benefit to his or her unique needs?
5. Describe the device trial and duration if applicable. Was a device trial needed to justify the AT device in order to:
  - a. To learn how to use the features of the AT device?
  - b. To determine ease of use?
  - c. To determine the need for any accessories or modifications?
  - d. To determine the variety of settings in which the AT device could be used?
  - e. To determine the need for technical support and training?
6. Will the individual be able to use the device without training?
7. Will the family/caregivers be able to use the device without training?

- a. If AT device training is needed, indicate the type of training, frequency, duration, etc.
8. Indicate all other AT devices considered and why these were not selected. Explain how it was determined that the AT device chosen would best meet the needs of the individual compared to other AT devices.
9. Describe other resources pursued to fully or partly fund the AT device. These include but are not limited to information on accessing such entities as Medicaid State Plan, Department of Elementary and Secondary Education, Vocational Rehabilitation, Missouri Assistive Technology in addition to the DD resources. If other federal, state, and local community resources were researched and considered, please indicate what and the result of the search/inquiry.
10. Identify if the Division of DD or other funding source for the AT device.
11. Cost Estimation Calculator – Indicate costs, as applicable, associated with each of the categories in the cost calculator.

*This guideline will be reviewed and update annually, if needed.*

## MO Division of Developmental Disabilities

### Assistive Technology Referral Form

Date of Referral:		TCM Provider Agency:	
Individual:			
Address:		Phone:	
		Email:	
City/State/Zip Code:		County:	
DMH ID #:			
Date of Birth:		Condition/Diagnosis for which Assistive Technology is required:	
Age:			
Person to Contact (if other than individual):		Phone:	
		Email:	
1. Assistive technology being requested:			
2. Individuals who initiated the referral for assistive technology? Individual Parent Caregiver Professional			
3. Describe the individual's primary functional need(s) to be addressed by the requested assistive technology:			
4. Describe why the assistive technology has been identified as appropriate for the individual:			
5. A device trial in the individual's natural environment had been conducted? Yes No If "Yes" indicate duration of device trial:			
6. The individual will be able to use the Assistive Technology without training: Yes No			
7. The individual's family and/or caregivers will be able to use the assistive technology without training? Yes No If "No" was selected in question #6 or #7 above, describe planned training provisions. Indicate any anticipated training costs below in Cost Estimation Calculator			
8. Other assistive technology devices considered and why these were not selected:			

9. Other assistive technology funding resources considered:	
10. Identify funding source(s):	
11. Cost Estimation Calculator	
<input type="checkbox"/> Retail Price (Minus Any Discounts)	\$
<input type="checkbox"/> Rental Price (Durations of rental agreement)	\$
<input type="checkbox"/> Standard, Damage, and/or Extended Warranties	\$
<input type="checkbox"/> Maintenance and/or Upgrade Cost	\$
<input type="checkbox"/> Accessories Cost (please list all accessories)	\$
<input type="checkbox"/> Related Costs, i.e., monitoring fee, internet access, etc.	\$
<input type="checkbox"/> Related Services Cost, e.g., training	\$
Total: \$	